PROMEDICA TOLEDO CHILDREN’S HOSPITAL

2016 COMMUNITY HEALTH NEEDS ASSESSMENT
IMPLEMENTATION PLAN (2017-2019)

Approved and Adopted on October 20, 2016
EXECUTIVE SUMMARY

ProMedica Toledo Children’s Hospital, operating as part of ProMedica Toledo Hospital and as a member of ProMedica, is a committed healthcare resource in the northwest Ohio and southeast Michigan community, providing not only acute care and emergency services, but specialty medical and mental health services to patients, regardless of ability to pay. ProMedica’s mission is to improve the health and well-being of the communities we serve.

ProMedica Toledo Children’s Hospital conducted and adopted the current community health needs assessment (CHNA) in 2016. ProMedica Toledo Children’s Hospital participated in the 2013/2014 Lucas County Needs Assessment which included child, adolescent and adult data. Following the formal county assessment survey process, multiple community organizations collaborated to develop a prioritized strategic plan for Lucas County, with ProMedica Toledo Children’s Hospital represented on these community strategic planning groups, as a member of ProMedica.

Following the Lucas County strategic planning process, ProMedica Toledo Children’s Hospital convened a CHNA committee to review this county plan and available health data, select and prioritize key indicators for their defined community, identify resources and gaps in these areas, and develop implementation plans to address these health issues in the community over the next three years. Strategic plans were developed with feedback from key community stakeholders, to confirm these needs from a community perspective.

ProMedica Toledo Children’s Hospital will specifically implement programs to address the following health needs in priority:

Priority Health Issues:
- Decrease Infant Mortality
- Decrease Youth Mental Health Issues and Bullying
- Decrease Heart Disease and Other Chronic Diseases
- Increase Healthy Weight Status
- Injury Prevention/Safety
- Increase School Readiness

In addition, as part of ProMedica, some community health programs are developed and implemented at the system level, with infant mortality, obesity/hunger and mental
health/bullying identified as the focal points for 2016. The hospital expanded the resource assessment developed at the county level to evaluate any gaps in services to address key health issues. The ProMedica Toledo Children’s Hospital CHNA may be accessed at https://www.promedica.org/Pages/about-us/default.aspx

IMPLEMENTATION PLAN

The board of trustees of ProMedica Toledo Children’s Hospital has determined that the following health needs identified in the CHNA should be addressed through the implementation strategy noted for each such need:

I. Decrease Infant Mortality

Specific Needs Identified in CHNA:
- Infant Mortality is defined as the death of a live born infant baby before his or her first birthday. Ohio 2014 Infant Mortality rate for white infants 5.3% and for African American 14.3%.
- When asked how parents put their child to sleep as an infant, 68% said on their back, 17% said on their side, 8% said on their stomach, and 5% said various methods.
- Children were put to sleep in the following places: crib/bassinette (92%), pack n’ play (43%), swing (40%), in bed with parent or another person (37%), car seat (33%), couch or chair (12%), and floor (6%).
- Mothers breastfed their child: more than 9 months (20%), 4 to 9 months (17%), 7 weeks to 3 months (17%), 3 to 6 weeks (8%), 2 weeks or less (7%), still breastfeeding (2%), and never breastfed (29%). Of those with incomes less than $25,000, 44% never breastfed their child.
- Parents reported their child was not breastfed for the following reasons: they did not want to (22%), latching issues (5%), they did not try (4%), were unable to breastfeed (3%), medical issues with their child (2%), medical issues with the mother (1%), and some other reason (1%). 7% of parents reported multiple reasons.

Key Objectives:
- Increase the number of parents using safe sleep practices for children.
- Provide education on birth spacing and reproductive life plan.
- Educate pregnant women participating in Pathways and HMG home visiting programs regarding breastfeeding their newborn as a feeding option. Support those women choosing breastfeeding during home visits and use Lactation Consultants if needed to sustain breastfeeding infants until at least 6 weeks old. Incorporate the ODH Breastfeeding Initiative materials.
• To increase breastfeeding awareness and overall breastfeeding rates in order to help to decrease infant mortality.

Implementation Strategies:
ProMedica Toledo Hospital and Toledo Children’s Hospital recognizes the alarming rate at which babies in Ohio and Lucas County, especially babies born to African American mothers, are not surviving to their first birthday. In 2015, in partnership with the Hospital Council of NWO, a hospital steering committee was formed to address the issues of Infant Mortality in our community. Using hospital resources such as the Toledo Healthy Tomorrows (THT), Pathways and Help Me Grow (HMG) programs as well as initiating safe sleep practices and promoting breastfeeding in hospital nurseries, NICU, and pediatric units, education to parents and caregivers occurs. Modeling safe sleep using sleep sacks in the nurseries, and promoting breastfeeding through education and creating several private breastfeeding locations within the hospital for visitors and staff has been established. The Pathways and Help Me Grow programs continue education and support of safe sleep and breastfeeding with all program participants during home visits. Infant mortality is also impacted by women being thoughtful about their reproductive choices for birth control, birth spacing, and factors contributing to their personal health and wellness. ProMedica's Pathways and Help Me Grow programs and ProMedica physicians have partnered with the Hospital Council, Medicaid managed care and Lucas County Health Department to begin using a tool, the Reproductive Life Plan, to assist women in thinking about their reproductive health.

1. Refer appropriate patients to the Safe Sleep Crib Program at the Toledo Lucas County Health Department to receive a portable crib for Help Me Grow and Pathways participants.
   Year 1 (2017):
   a. Provide access to Safe Sleep education to low income caregivers with children less than 12 months of age.
   b. Provide follow up assessment to families receiving a portable crib to ensure safe sleep practices and use of the crib.
   Year 2 & 3 (2018-2019):
   a. Continue efforts from year 1. Expand as possible based on funding availability.

2. Provide Safe Sleep Sacks and education on use to low income caregivers with newborn infants when appropriate.
   Year 1 (2017):
   a. Number of Sleep Sacks provided to infants without a sleep sack.
   Continue efforts from year 1, and expand program, as possible.
3. Provide assessment using the Reproductive Life Plan and education on birth spacing (infant mortality is reduced if birth spacing of at least 18 months between children planning takes place) for all women enrolled in Toledo Healthy Tomorrows (THT) OB Pathways program.

**Outcome Measures:**
- Safe Sleep Crib Referrals enrollment:
  a. Number of parents referred to classes annually from Help Me Grow /pathways
  b. Number of follow up assessments completed on participants referred to classes
- Safe Sleep Sacks education:
  a. Number of Sleep Sacks distributed
- Birth Spacing assessments:
  a. Number of Reproductive Life Plan assessments completed

4. Educate pregnant women in the benefits of breastfeeding their newborn and support their decision if choosing to breastfeed.

Year 1-3 (2017-2019):
- Expand training for THT Pathways and Help Me Grow staff in the benefits of breastfeeding, especially with African American mothers at least until their newborn is 6 weeks old. Initiate breastfeeding education with pregnant program women enrolled in the THT Pathways program.
- Promote breastfeeding through education and support of participants of THT Pathways and add the THT Help Me Grow program.
- Increase the number of infants being breastfed whose mothers are enrolled in THT Pathways and Help Me Grow.
- Continue to offer at least 4 breastfeeding education classes each month through Womens, Infants and Children (WIC).
- Make referrals to WIC lactation consultant and WIC breastfeeding staff.
- Discuss breastfeeding with each pregnant WIC participant and encourage attendance at the breastfeeding education class.
- Contact breastfeeding mothers and offer support as well as to answer breastfeeding questions.

**Outcome Measures:**
- Number of pregnant women breastfeeding promotion education was provided during home visiting to program participants.
- Number of newborns breastfed in their first 6 weeks after delivery.
- Number of infants’ breastfed beyond 6 weeks after delivery.
- Monitor monthly WIC breastfeeding rates.
Number of contacts to pregnant and breastfeeding mothers by Lactation Consultants.
Provide percentage of breastfeeding women who receive WIC services at the ProMedica Toledo Children’s Hospital.

II. **Decrease Youth Mental Health Issues and Bullying**

**Specific Needs Identified in CHNA:**
- 16% of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 22% of females. The 2013 YRBS reported 17% for U.S. youth and 14% for Ohio youth.
- In the past year, 7% of Lucas County youth had attempted suicide and 3% had made more than one attempt. The 2013 YRBS reported a suicide attempt prevalence rate of 8% for U.S. youth and a 6% rate for Ohio youth.
- 43% of 7th-12th grade youth had been bullied in the past year. The following types of bullying were reported:
  - 32% were verbally bullied (teased, taunted or called harmful names)
  - 23% were indirectly bullied (spread mean rumors about or were kept out of a “group”)
  - 12% were cyber bullied (teased, taunted or threatened by e-mail or cell phone, or other electronic methods) (2013 YRBS reported 15% for Ohio and 15% for the U.S.)
  - 10% were physically bullied (were hit, kicked, punched or people took their belongings)
  - 3% were sexually bullied (someone used nude or semi-nude pictures to pressure them to have sex when they do not want to, blackmailed, intimidated or exploited by another person)
- In the past year, 28% of youth had been bullied on school property (2013 YRBS reported 21% for Ohio and 20% for the U.S.).
- 36% of parents reported their child was bullied in the past year. The following types of bullying were reported:
  - 24% were verbally bullied (teased, taunted or called harmful names).
  - 9% were indirectly bullied (spread mean rumors about or kept out of a “group”).
  - 6% were physically bullied (they were hit, kicked, punched or people took their belongings).
  - 1% were cyber bullied (teased, taunted or threatened by e-mail or cell phone).
  - <1% were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person).
- 6% of parents reported they did not know if their child was bullied.
In 2013/14, over one-quarter (28%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities (2013 YRBS reported 26% for Ohio and 30% for the U.S.). 13% of children in Lucas County had an emotional, developmental, or behavioral problem for which they need treatment or counseling.

Key Objectives:
- Decrease the rates of bullying incidents reported by youth in grades 6-12.
- Promote depression and suicide awareness via increased knowledge of risk and protective factors as well as warning signs.
- Decrease the rates of youth dating violence.
- Decrease the rates of bullying incidents and increase bullying prevention efforts for children ages 0-11 years.
- Provide mental health services to youth who have experienced trauma, abuse, and/or loss.
- Improve child mental health.
- Decrease child patient anxiety, depression, behavioral problems, and general stress related to hospital stay/visit.
- Increase provider/nurse awareness of depression markers, increase awareness of suicide risk.
- Increase appropriate mental health referrals.
- For youth who have histories of trauma, will decrease inaccurate diagnosis and thus increase appropriate care.
- Educate professionals in trauma-informed care.
- Provide trauma-informed knowledge, resources, and best practices to empower Lucas County survivors, families, and community members toward healing and connection.

Implementation Strategies:
1. Decrease bullying, suicide, and dating violence through awareness and prevention programs in youths 12-18 years.
   a. Each school year the Teen Peers Educating Peers (PEP) Program will be offered to 12 core schools in Lucas County. The program addresses teen dating violence, sexual assault and bullying prevention.
   b. One additional school will be added each year per grant funding. Priority will be given to elementary school inclusion and reaching younger students via implementation in elementary school or delivering older peer led education (high school to elementary students).
   c. Program Lead will as co-chair, collaborate with the Lucas County Suicide Prevention Coalition (other partners in the coalition include Mercy Outreach, The University of Toledo, NAMI of Greater Toledo, Lucas County Mental Health and Recovery Services Board) to design and implement a Teen Ambassador Program
which will train and utilize several students from each participating school to promote social media campaigns and awareness about depression and suicide prevention, thus reducing mental health/suicide stigma in their schools. Lucas County Suicide Prevention Coalition Coordinator (employee contracted through NAMI) will provide ongoing oversight, management and consultation to schools and/or students participating in newly created Teen Ambassador Program.

d. Program lead will serve on BRAVE (Bullying Resources and Anti-Violence Education) committee, which was created based on the CHIP. BRAVE partnering agencies include UT, TPS and NAMI; committee mission is to expand coordinated anti-bullying education as well as suicide prevention and threat assessment education to community schools and agencies, parent groups and teens.

e. No local initiative/coalition or strategic plan exists to address teen sexual or dating violence specifically. Program staff will participate in creating a community collaborative group to address teen dating violence and teen sexual assault.

Outcome Measures:

- Teen PEP funded by Ohio Department of Health. ODH funded programs receive outcome measurement evaluation guidance from the Centers for Disease Control and Prevention empowerment evaluation contractor Dr. Sandra Ortega for all program outcome measures. Results will be shared annually:
  a. Number of schools participating
  b. Number of trained teen peer leaders
  c. Number of classroom participants grades 9-12

- Additional school added each year per grant funding

- Targeted number of LCSPC Teen Ambassador Programs:
  a. Year 1: 10 schools
  b. Year 2: 20 schools
  c. Year 3: 30 schools

- BRAVE: participation numbers will be reported on an annual basis

- Youth Dating/Sexual Violence Coalition:
  a. Year 1: Recruit community partners and develop mission
  b. Year 2: Strategic Plan developed and implementation phase
  c. Year 3: Data collected and shared on progress community partners are making collectively through the newly formed coalition

2. Each year up to 4 elementary schools will be given bullying prevention education via older trained peer leaders (high school teams) or from 7th/8th grade trained teen leaders in their building. Measurement to include:
Year 1-3 (2017-2019):
   a. Number of elementary/middle schools that high school leaders present to
   b. Number of trained youth leaders in newly added elementary schools (where applicable)
   c. Number of elementary students receiving peer led education

**Outcome Measures:**
- Ohio Department of Health contractor from the Centers for Disease Control and Prevention guides empowerment evaluation for all program outcome measures. Results will be shared annually:
  a. Number of schools participating
  b. Number of trained teen peer leaders
  c. Number of classroom participants grades 1-6
- Additional school added each year per grant funding

3. Provide Trauma-informed training to ProMedica Toledo Children hospital staff that provides care to youth (0–18 years). This will help enhance patient-centered care which will positively impact youth mental health.
   **Year 1 (2017):**
   a. Develop trauma-informed trainings (based on SAMHSA curriculum) for different hospital staff/provider groups.
   **Year 2 (2018):**
   a. Pilot trainings and correct as necessary.
   **Year 3 (2019):**
   a. Conduct trainings and collect data. (Trainings will be done annually.)

**Outcome Measures:**
- Number of hospital staff trained
- Pre and post test data to show increased knowledge of depression and suicide markers, indicators of when to refer for mental health, indicators of trauma, and how to be a more trauma-informed staff member.

4. The Lucas County Trauma Informed Care Coalition (LCTIC) created in late 2014, is a county wide coalition whose mission is to increase awareness and practice of trauma informed care in the community. Membership includes staff from Toledo Children’s Hospital, community mental health centers, the Lucas County Mental Health Recovery Services Board, domestic violence shelters, University of Toledo, UTMC, Toledo Police department and EMS, NAMI, United Way, and many others. The work of the LCTIC will help to improve youth mental health through:
a. Educating mental health professionals how to provide more appropriate trauma informed services to youth who have trauma histories; and
b. Through the empowering consumers, parents, and community members to better understand how to access appropriate trauma informed services for youth who have experienced trauma.

We will assess learning during trauma presentations, we will:

**Year 1 (2017):**
- a. Develop a brief pre and post trauma knowledge measure to give to all attendees of the trauma presentations.

**Year 2 (2018):**
- a. Use pre and post measure during presentations, collect data. Make changes as necessary.

**Year 3 (2019):**
- a. Collect data from pre and post measure on pre and post measure of trauma knowledge.

We will collect and provide data on the other activities of the Trauma Coalition and its impact on spreading trauma informed knowledge to the community:

**Year 1 (2017):**
- a. Build a trauma coalition county website. Develop and find vetted trauma resources to link to the website and/or to disseminate to the community.

**Year 2 (2018):**
- a. Continue to develop and find vetted trauma resources to link to the website and/or to disseminate to the community. Track number of resources linked to website and disseminated to the community. Use website counters to track number of website visitors and number of resource downloads.

**Year 3 (2019):**
- a. Continue efforts from year 2.

**Outcome Measures:**
- Number of professionals trained
- Measure of improvement of mental health professionals on trauma informed services
- Number of resources
- Number visitors and downloads

### III. Decrease Heart Disease and Other Chronic Diseases - Asthma

**Specific Needs Identified in the CHNA:**
- National incidence for children with asthma 0-17 is 9.3%.
- Ohio incidence for children with asthma 0-17 is 15.2%.
- Lucas County incidence for children 0-11 years of age is 19% identified by the Lucas County Health Assessment 2013.
- 58% of parents of children 0-5 years and 57% of parents of children 6-11 years reported their child has a primary care doctor. Comparable statistics for Ohio and the U.S. are 0-5 year olds (95%, 94%) and 6-11 years (95%, 92%).
- 82% of all children in Lucas County had been vaccinated by age 2. The goal of the Lucas County Health Department is 90% of children vaccinated by age 2.

**Key Objectives:**
- Increase access to asthma educational programs and interventional healthcare.
- Decrease asthma related hospital admissions and ED visits by improved family/child knowledge and appropriate management of child’s asthma.
- Improve asthma management for children.
- Increase the rate of children who have a primary care physician.
- Increase the child immunization rates.

**Implementation Strategies:**
1. Improve patient/family knowledge of asthma management and increase their participation in self-care through education.
   **Year 1 (2017):**
   a. Implement evidence based Asthma Disease Management program utilized at ProMedica Toledo Children’s Hospital for asthma education at the pediatric ambulatory department.
   b. Utilize respiratory therapists trained to provide consistent asthma education to parents and children with asthma.
   c. Provide asthma education 2 days per week to all parents of asthmatic children seen in the pediatric ambulatory department.
   d. Provide the asthma instruction booklet to parents receiving education.
   e. Provide an Asthma Action Plan to all parents of children seen in the pediatric ambulatory department with a diagnosis of asthma.
   f. Monitor children who receive education for frequency of asthma related hospitalizations and/or ED visits during this initial year.
   g. Promote pediatric ambulatory asthma education & management as a model to other pediatric offices to increase asthma management access for all children with asthma.
   **Year 2 (2018) & 3 (2019):**
   a. Continue efforts from year 1. Expand as possible based on funding availability.

2. Decrease asthma related hospital admissions and ED visits.
Year 1 (2017):
  a. Will monitor all Toledo Pediatric Primary patients who receive asthma education for frequency of asthma related hospitalizations and/or ED visits.
  b. Education will consist of teaching and practicing healthy behaviors to increase number of asthma patients returning for follow up care and medication refills on routine basis.
  c. Utilize Home Care Nurses to provide home evaluations and follow up care for assessment of patient/family understanding of asthma education, implementation of management skills and understanding of need to take medications as ordered.
  d. Patients will follow up in pediatric ambulatory office for follow up as needed with respiratory therapist asthma educator for monitoring family/child’s understanding and ongoing management of education. Respiratory therapist will re-educate as needed.

  a. Continue efforts from year 1. Expand as possible based on funding availability.

Outcome Measures:

- Increased number of asthmatic children and families seeking education:
  a. Number of asthma educations provided in the pediatric ambulatory departments
  b. Number of action plans given to parents of children in the pediatric ambulatory department with an asthma diagnosis
  c. Number of patients that return for education or seek class instruction

- Number of asthma hospitalizations/ED visits:
  a. Monitor for change in frequency of asthma related hospital admissions or ED visits
  b. Increase number of asthma patient’s returning for asthma rechecks per year
  c. Patients will exhibit improved healthy behaviors and schedule asthma recheck appointments timely and request medication refills from PCP (will not obtain from ED)

3. Improve management of asthma for children at ProMedica Toledo Children’s Hospital and associated outpatient areas.

Year 1 (2017):
  a. ProMedica Toledo Children’s Hospital has been accredited by the Joint Commission for Asthma Disease Management and is the only hospital in Ohio with this distinction. This is an evidenced based program using quality
measures to determine success. This team meets regularly to evaluate progress based on target goals.

b. Utilize evidenced based asthma order sets designed for the children’s Emergency Department, the Children’s Hospital Pediatric Unit and Pediatric Intensive Care Unit (PICU).

c. Provide asthma education to patients and their families admitted to ProMedica Toledo Children’s Hospital that meet the diagnosis criteria for asthma.

d. Provide standardized asthma education to patients and their families seen in Center for Health Services or Pulmonary Clinic that meet the criteria for asthma.

e. Provide the asthma instruction booklet to those parents receiving education.

f. Provide an Asthma Action Plan to all patients and families discharged with an asthma diagnosis from ProMedica Toledo Children’s Hospital or Pediatric Emergency Department.

**Year 2 (2018):**

a. Continue to assess care and education provided to pediatric patients with asthma, and their families; make changes as needed to meet the needs of this population and community.

b. Actively work to become certified by the Joint Commission for Outpatient Pediatric Asthma Disease Management; making ProMedica Toledo Children’s Hospital only hospital in nation to hold dual inpatient and outpatient certification.

**Year 3 (2019):**

a. Continue to assess care and education provided to pediatric patients with asthma, and their families; make changes as needed to meet the needs of this population and community.

**Outcome Measures:**

- Use of asthma order sets in Pediatric Emergency Department
- Use of asthma order sets in Pediatric inpatient unit
- Use of asthma order sets in PICU
- Asthma Home Management Plan of Care provided to patients and their families at time of discharge
- Number of patients/families correctly answering asthma education evaluations
- Number of patients seen in ED within 7 or 30 days from last ED visit

4. Improve access to pediatric primary care physicians at the ProMedica Toledo Children’s Hospital Clinic.

**Year 1 (2017):**

a. Increase pediatric physician hours as needed.
b. Offer same day appointments for sick new patients.
c. Monitor Access to Care report to determine length of time new patients must wait for appointment and add available physician hours as needed.

Year 2 (2018):
   a. Offer same day appointments for sick new patients.
   b. Monitor Access to Care report to determine length of time new patients must wait for appointment and add available physician hours as needed.

Year 3 (2019):
   a. Offer same day appointments for sick new patients.
   b. Monitor Access to Care report to determine length of time new patients must wait for appointment and add available physician hours as needed.

Outcome Measures:
   - Number of new patients attending the ProMedica Toledo Children’s Hospital Primary Care Clinic each year
   - Access to Care report compiled quarterly

5. Increase childhood immunizations rates.

   Year 1 (2017):
      a. ProMedica Toledo Children’s Hospital will provide nurse coverage in collaboration with the Lucas County Health Department “Shots for Tots” Program to provide immunizations to children.
      b. The ProMedica Toledo Children’s Hospital Primary Care Clinic will continue to offer free “Vaccines for Kids” per the State guidelines to all eligible children. The State Registry will be updated at each visit where shots are given.
      c. The ProMedica Toledo Children’s Hospital Primary Care Clinic will continue to take every opportunity at visits to update children’s immunizations.

   Year 2 (2018):
      a. ProMedica Toledo Children’s Hospital will provide nurse coverage in collaboration with the Lucas County Health Department “Shots for Tots” Program to provide immunizations to children.
      b. The ProMedica Toledo Children’s Hospital Primary Care Clinic will continue to offer free “Vaccines for Kids” per the State guidelines to all eligible children. The State Registry will be updated at each visit where shots are given.
      c. The ProMedica Toledo Children’s Hospital Primary Care clinic will continue to take every opportunity at visits to update children’s immunizations.
Year 3 (2019):
   a. ProMedica Toledo Children’s Hospital will provide nurse coverage in collaboration with the Lucas County Health Department “Shots for Tots” Program to provide immunizations to children.
   b. The ProMedica Toledo Children’s Hospital Primary Care Clinic will continue to offer free “Vaccines for Kids” per the State guidelines to all eligible children. The State Registry will be updated at each visit where shots are given.
   c. The ProMedica Toledo Children’s Hospital Primary Care clinic will continue to take every opportunity at visits to update children’s immunizations.

Outcome Measures:
   • Number of nursing hours provided to Shot’s for Tots
   • Percentage of children immunized by age 2 in the ProMedica Toledo Children’s Hospital Primary Care Clinic

IV. Increase Healthy Weight Status

Specific Needs Identified in CHNA:
   ➢ In 2014, 24% of children were classified as obese by Body Mass Index (BMI) calculations. 13% of children were classified as overweight, 52% were normal weight, and 11% were underweight.
   ➢ 10% of Lucas County children ate 5 or more servings of fruits and vegetables per day. 87% ate 1 to 4 servings of fruits and vegetables per day.
   ➢ 11% of youth reported they went to bed hungry because their family did not have enough money for food at least one night per week. 1% of youth went to bed hungry every night of the week.
   ➢ Lucas County children spent an average of 2.4 hours watching TV, 1.4 hours on the computer/tablet/cellphone, and 1.0 hours playing video games an average day of the week.

Key Objectives:
   • Increase the nutrition education offerings to children and parents.
   • Increase screening rates for food insecurity and healthy food referrals among patients to decrease the overall rate and severity of food insecurity.
   • To reduce childhood obesity and the possible health implications associated with obesity through offering education and healthy supplemental foods.
Implementation Strategies:
1. Increase the nutrition education offerings to children and parents in ProMedica Toledo Children’s Hospital service area.
   **Year 1 (2017):**
   a. Distribute Nutrexity board games to all surrounding elementary schools and after-school programs. Nutrexity is a board game focused on teaching healthy eating basics, including nutrition, exercise and being a health part of the community, to 2nd-5th graders.
   **Year 2 (2018):**
   a. Continue to donate Nutrexity board games to area elementary schools and after-school programs.
   b. The finalized ProMedica Childhood Obesity Care Plan will be distributed to all ProMedica pediatric primary care practices and family medicine practices in years 2 and 3.
      i. Education will be given to providers related to addressing childhood obesity within the clinic setting.
      ii. Practices will be provided with healthy behaviors handouts to provide to patients.
   **Year 3 (2019):**
   a. Continue to follow up with schools and community sites regarding use of Nutrexity board games.
   b. The finalized ProMedica Childhood Obesity Care Plan will be distributed to all ProMedica pediatric primary care practices and family medicine practices in years 2 and 3.
      i. Education will be given to providers related to addressing childhood obesity within the clinic setting.
      ii. Practices will be provided with healthy behaviors handouts to provide to patients.

2. Address food insecurity among patients.
   **Year 1 (2017):**
   a. 2 additional ProMedica practices will be trained to refer food insecure patients to ProMedica’s Food Pharmacy, which provides healthy food on a monthly basis to patients.
   b. All patients at TCH will be screened for food insecurity prior to discharge and will be offered an emergency food bag upon discharge.
   c. Starting in June 2016, Toledo Hospital/Toledo Children’s Hospital will take part in the Summer Food Service Program as a summer meal site providing free meals for children ages 1-18.
Year 2 (2018):
  a. 2 additional ProMedica practices will be trained to refer food insecure patients to ProMedica’s Food Pharmacy
  b. All patients at TCH will continue to be screened for food insecurity prior to discharge and will be offered an emergency food bag upon discharge.
  c. Toledo Hospital/Toledo Children’s Hospital will take part in the Summer Food Service Program as a summer meal site providing free meals for children ages 1-18.

Year 3 (2019):
  a. All ProMedica practices will be re-trained on how to refer food insecure patients to ProMedica’s Food Pharmacy.
  b. All patients at TCH will continue to be screened for food insecurity prior to discharge and will be offered an emergency food bag upon discharge.
  c. Toledo Hospital/Toledo Children’s Hospital will take part in the Summer Food Service Program as a summer meal site providing free meals for children ages 1-18.

Outcome Measures:
  • Number of patients educated
    a. Number of Nutrexity board games distributed
      i. Number of schools receiving games
      ii. Number of afterschool sites receiving games
    b. Number of providers and practices trained to address childhood obesity
  • Number of practices referring to the Food Pharmacy
    a. Number of families with children served by the ProMedica Food Pharmacy
      i. Results from Food Pharmacy Study and EMR data research, to be completed in 2016 - change in food insecurity level, quality of life, and mental health outcomes
    b. Number of emergency food bags provided at TCH
    c. Number of meals served at Toledo Hospital’s summer meals program

3. Provide education and awareness to children and families on child obesity and healthy supplemental foods through the ProMedica Toledo Children’s Hospital WIC program.

Year 1 (2017):
  a. Conduct individual nutrition assessments for WIC participants. Tailor individual WIC food package to best meet each participant’s individual nutrition needs and/or goals.
  b. Make referrals to physician, as indicated by WIC Policies and Procedures.
  c. Provide Breastfeeding Education Classes.
d. Educate on limiting juice and empty calorie foods and replace with economical healthy foods.
e. Educate parent/caregiver on how to extend food dollars and offers healthy, inexpensive meal ideas.
f. Provide Farmer Market Coupons, to eligible WIC participants, (July through September) to help increase fresh fruit and vegetable intake.

**Year 2 (2018) & 3 (2019):**
a. Continue efforts from year 1.

**Outcome Measures:**
- Number of children and caregivers educated through WIC program
- Number of breast feeding classes through WIC program
- Number of participants in breast feeding classes through WIC program
- Numbers of Farmer Market Coupons given through WIC program

**V. Strategy #6 – Injury Prevention / Safety**

**Specific Needs Identified in CHNA:**
- Motor vehicle crashes are the number one cause of unintentional death among children ages 1 to 19 (CDC).
- When installed and used correctly, child safety seats can prevent injuries and reduce fatal injury by up to 71 percent for infants and 54 percent for toddlers ages 1 to 4 (NHTSA).
- Teenagers ages 15-19 years made up 73 percent (2,138) of motor vehicle occupant/driver fatalities among children in 2014 (NHTSA).
- Leading causes of crashes among teenage drivers are driver inexperience, driving with other teen passengers, nighttime driving, not wearing seatbelts, distracted driving, drowsy driving, reckless and impaired driving (CDC).
- 444 pedestrians ages 19 and under died in 2013 in motor vehicle crashes (NHTSA).
- According to the Brain Injury Association of America, more children ages 5 to 14 are seen in emergency departments for injuries related to biking than any other sport.
- 60 million children ages 6 to 18 participate in organized athletics.
- More than 2.6 million children ages 19 and under are seen in emergency departments for injuries related to sports and recreation each year (CDC).
- For boys and girls ages 9 and under, concussions happen most often while playing on a playground or when bicycling (CDC).
- 39% - the amount by which cumulative concussions are shown to increase catastrophic head injury leading to permanent neurologic disability.
- 1 in 5 high school athletes will sustain a sports concussion during the season.
- ProMedica Toledo Children’s Hospital treated 184 pediatric trauma patients with concussions in 2015.
Key Objectives:
- Increase awareness of distracted driving dangers.
- Increase awareness of child passenger safety issues.
- Increase access to safety items.
- Improve safety of children who walk or bike to school.
- According to Safe Kids Worldwide, more than 2,200 children die from injuries that happen at home every year.
- Approximately 10,000 children go to the emergency room each day for home-related injuries.
- Poison Control Centers answer more than 1 million calls a year about children 5 and under who have gotten into medicine or other dangerous products.
- Among unintentional injuries, drowning is the leading cause of death for children 1-4 years of age.
- Increase awareness of injuries that occur in and near the home.
- Increase access to safety items.
- Provide education on child/home safety.
- Increase awareness of concussion prevention and sports-related injuries.
- Increase adoption of Return to Play and Return to Learn policies and procedures.

Implementation Strategies:
1. ProMedica Toledo Children’s Hospital in partnership with State Farm will conduct a Distracted Driving program that will educate high school students and the community on the dangers of distracted driving and the importance to speak up if feeling unsafe with other drivers (based on funding availability).
   - Year 1 (2017):
     a. Conduct distracted driving program for at least 3 high schools and at least 1 community location.
   - Year 2 (2018):
     a. Conduct program for at least 5 high schools and at least 2 community locations.
   - Year 3 (2019):
     a. Conduct program for at least 6 high schools and at least 3 community locations.

2. KISS/OBB/Safe Kids Buckle Up Car Seat programs will educate parents and caregivers on the importance of proper car seat use at Toledo Children’s Hospital car seat fitting station and Safe Kids Buckle Up community events.
   - Year 1 (2017):
     a. Provide at least 40 opportunities for parents and caregivers to receive car seat information.
Year 2 (2018):
   a. Provide at least 50 opportunities for parents and caregivers to receive car seat information.

Year 3 (2019):
   a. Provide at least 60 opportunities for parents and caregivers to receive car seat information.

3. KISS/OBB/Safe Kids Buckle Up will provide access to car seats and booster seats to low-income families at Toledo Children’s Hospital car seat fitting station and Safe Kids Buckle Up community events.
   Year 1 (2017):
      a. Distribute at least 100 car seats to low-income families.
   Year 2 (2018):
      a. Distribute at least 120 car seats to low-income families.
   Year 3 (2019):
      a. Distribute at least 120 car seats to low-income families.

4. Safe Routes to School Program will educate students and the community on the benefits of walking and bicycling to school in groups as a way to have a safer neighborhood.

5. Safe Kids Greater Toledo will educate students and the community on the benefits of walking and bicycling to school in groups as a way to have a safer neighborhood.
   Year 1-3 (2017-2019):
      a. Promote International Walk to School Day with at least one school in Lucas County.
   Year 1-3 (2017-2019):
      a. Promote National Bike to School Day with at least one school in Lucas County.
   Year 1-3 (2017-2019):
      a. Present at least 5 classroom presentations on pedestrian safety (including walking on Halloween night) and bicycle safety.

Outcome Measures:
- Promote and facilitate Distracted Driving presentations for at least three high schools in Lucas County and Greater Toledo area:
  a. Number of schools
  b. Number of participants educated at presentations
  c. Number of participants using the Distracted Driver Simulator
- Conduct car seat checkup events throughout the Greater Toledo area:
  a. Number of events
b. Number of car seats checked
c. Number of car seats distributed

- Provide at least 5 presentations to parents/caregivers and other professionals (doctors, nurses, social workers, health educators, etc.) on proper car seat use and child passenger safety issues:
  a. Number of presentations
  b. Number of participants

- Promote and facilitate Walking Wednesdays at participating schools in Sylvania:
  a. Number of participants
  b. Number of schools
  c. Number of classroom presentations

- Promote International Walk to School and Bike to School day with at least 1 school for each event:
  a. Number of participants
  b. Number of schools

- Present at least 5 classroom presentations on pedestrian and bicycle safety:
  a. Number of classroom presentations

6. ProMedica Toledo Children’s Hospital Community Outreach/Safe Kids Home Safety and Toledo Healthy Tomorrows Help Me Grow programs will educate parents, caregivers and the community on home safety issues including accidental poisonings safety, medication safety, water safety, falls, fire, burn, etc.
   
   Year 1 (2017):
   a. Directly educate at least 150 individuals through presentations and educational sessions; indirectly educate thousands more through social media, traditional media and brochures.
   
   a. Directly educate at least 175 individuals through presentations and educational sessions; indirectly educate thousands more through social media, traditional media and brochures.

7. TCH Community Outreach/Safe Kids Home Safety and Toledo Healthy Tomorrows Help Me Grow programs will provide safety items and educational materials to low-income families to reduce or prevent home-related injuries.
   
   Year 1 (2017):
   a. Provide home safety items/kits to at least 30 low-income households.
   
   a. Provide home safety items/kits to at least 40 low-income households.
8. Assess and provide safety items to homes lacking smoke/carbon monoxide (CO) detectors, fire extinguishers, child safety gates, door locks, etc. Partner with American Red Cross to request and install smoke/CO detectors in homes without them. Follow up with post assessment to ensure items are being used and installed/used correctly.

   Year 1-3 (2017-2019):
   a. Complete written assessment of home and need for safety items.
   b. Distribute needed safety items and educate on use.
   c. Complete written follow up assessment on installation and correct use of safety items provided.

Outcome Measures:
- Conduct educational presentations to parents/caregivers and other professionals on home safety issues:
  a. Number of presentations
  b. Number of participants
- Provide safety items such as baby gates, window guards, cabinet locks, appliance locks, fire extinguishers, CO detectors, outlet covers, bath thermometers, etc.:
  a. Number of items distributed
  b. Number of households
- Child/home safety assessments:
  a. Number of completed assessments for home safety items
  b. Number of smoke/CO detectors provided by the American Red Cross
  c. Number of follow up assessments completed

9. Safe Kids Sports Safety and Toledo Children’s Hospital Trauma Department will educate parents/caregivers and the community on concussion prevention and sports-related injuries at events, coaches trainings, concussion clinic and area schools.
   Year 1 (2017):
   a. Educate at least 50 participants at presentations and events.
   a. Educate at least 75 participants at presentations and events.

10. Toledo Children’s Hospital Trauma Department will assist schools and medical professionals with Return to 2Play and Return to Learn policy and procedure adoption by providing educational materials and sessions.
   Year 1 (2017):
   a. Provide information to at least four schools or medical professionals.
   a. Provide information to at least five schools or medical professionals.
Outcome Measures:
☐ Conduct educational presentations to parents/caregivers and other professionals on sports safety issues:
  a. Number of educational presentations per year
  b. Number of participants per educational presentation
☐ Provide Return to Play and Return to Learn materials and educational sessions:
  a. Number of schools per year
  b. Number of medical and/or school professionals per year

VI. Increase School Readiness

Specific Needs Identified in CHNA:
➢ Parents reported they or someone in the family reads to their 0-5 year old child: every day (33%), almost every day (36%), a few times a week (25%), a few times a month (5%), and a few times a year (1%). 1% of parents reported their child read to him/herself, and 1% reported never reading to their child due to lack of interest from the child.

Key Objectives:
- Increase the number of parents/guardians who read to their children every day.
- Screen and refer infants and children for age appropriate healthy development to ensure school readiness, if applicable.

Implementation Strategies:
1. Promote reading to young children through the Toledo Healthy Tomorrows/Help Me Grow Program on an ongoing basis.
   a. Educate young low income parents about parenting and the benefits of reading to their children during home visits.
   b. Provide free children’s books at home visit.
      Year 1 (2017):
         a. Toledo Healthy Tomorrows (THT)/ Help Me Grow home visitors provide literacy education and books to families.
      Year 2 (2018):
         a. Increase families impacted by adding THT Pathways home visitors’ also providing literacy education and books to families.
      Year 3 (2019):
         a. Continue education and book distribution with families enrolled in THT programs and provide resources for families to continue literacy activities after discharged from THT programs.
2. Provide age specific developmental screening from birth to age 3 for children enrolled in THT Help Me Grow program.
   a. Screen all infants and children to age 3 years with age appropriate Ages and Stages, Third Edition.
   b. Refer all children to Early Intervention through established procedure if screening determines need for evaluation.

   Year 1-3 (2017-2019):
   a. This will be an ongoing service throughout all years.

Outcome Measures:
- Education provided:
  a. Number of young low income parents educated annually
  b. Number of books provided
- Screening and referrals provided:
  a. Number of screenings completed
  b. Number of referrals made to Early Intervention

Updates on all of these programs under the priority areas will be provided at least annually to hospital leadership and the board of directors.

OTHER NEEDS IDENTIFIED IN THE CHNA BUT NOT ADDRESSED IN THIS PLAN

Through the Lucas County Community Health Improvement Planning Committee, the following areas were identified as not having specific programs identified in the community, other than what is provided at schools, faith based organizations or local police programs: binge drinking, youth carrying weapons, youth involved in physical fights, youth who purposefully hurt themselves, and delaying first sexual intercourse.

ProMedica Toledo Children’s Hospital will not address all of the needs identified in the most recently conducted Lucas County Health Needs Assessment as these areas either go beyond the scope of the hospital or may be addressed by, or with, other organizations in the community. To some extent limited resources do not allow hospitals to address all of the needs identified through the health assessment, but most importantly to prevent duplication of efforts and inefficient use of resources as many of these issues are addressed by other community agencies and coalitions across Lucas County that is listed in the table below. In some areas of identified need, ProMedica takes a system approach to addressing community health needs, to most efficiently use resources and to prevent duplication of services. Many health issues are addressed by physicians at a related patient visit.
Each of the health needs identified in the county assessment and listed below is important, with most issues being addressed by programs and initiatives within ProMedica, its hospitals and/or other community partners of the Hospital. Key health issues identified in the Lucas County Health Needs Assessment, and the organizations providing programming to improve these health issues include:

<table>
<thead>
<tr>
<th>Health Issue (adult unless specified)</th>
<th>Organizations/Coalitions Addressing Needs (*indicates ProMedica collaboration and support)</th>
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</thead>
<tbody>
<tr>
<td>Health Care Access</td>
<td>Toledo Lucas County Commission on Minority Health*</td>
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<tr>
<td></td>
<td>Toledo Lucas County CareNet*</td>
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<tr>
<td>Diabetes</td>
<td>Juvenile Diabetes Research Foundation*</td>
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<td></td>
<td>ProMedica Diabetes Centers</td>
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<tr>
<td>Asthma</td>
<td>American Lung Association*</td>
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<td></td>
<td>ProMedica Toledo Children’s Hospital</td>
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<tr>
<td>Obesity</td>
<td>ProMedica Nutrexity</td>
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<td></td>
<td>ProMedica Wellness</td>
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<td></td>
<td>Live Well Toledo*</td>
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<tr>
<td></td>
<td>Toledo Lucas County Health Department – Healthy Youth and Families Coalition*</td>
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<tr>
<td>Alcohol and Drug Use</td>
<td>Lucas County Mental Health and Recovery Services Board*</td>
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<tr>
<td>Adult/Teen Pregnancy</td>
<td>Pathways* Help Me Grow</td>
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<tr>
<td>Social Issues</td>
<td>ProMedica Teen Pep</td>
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<tr>
<td>Mental Health</td>
<td>ProMedica Toledo Children’s Hospital</td>
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<tr>
<td></td>
<td>The Cullen Center for Trauma Counseling*</td>
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<tr>
<td></td>
<td>NAMI*</td>
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<tr>
<td>Oral Health</td>
<td>Toledo Lucas County Health Department</td>
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<tr>
<td></td>
<td>Dental Center of Northwest Ohio*</td>
</tr>
<tr>
<td></td>
<td>Toledo Lucas County CareNet*</td>
</tr>
<tr>
<td>Minority Health</td>
<td>Toledo Lucas County Commission on Minority Health*</td>
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<tr>
<td>Youth Weight</td>
<td>ProMedica Nutrexity</td>
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<tr>
<td></td>
<td>Live Well Toledo*</td>
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<tr>
<td>Youth Tobacco Use</td>
<td>Substance Abuse Intervention League (SAIL)</td>
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<tr>
<td></td>
<td>ProMedica Tobacco Treatment Centers</td>
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<tr>
<td></td>
<td>Sylvania Community Action Team</td>
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<tr>
<td></td>
<td>Lucas County Tobacco Coalition</td>
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<tr>
<td>Youth Alcohol and Drug Use</td>
<td>Substance Abuse Intervention League (SAIL)</td>
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<tr>
<td></td>
<td>Sylvania Community Action Team (SCAT)</td>
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<td>D.A.R.T.</td>
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<tr>
<td>Health Issue</td>
<td>Organizations</td>
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<td>--------------------------------------------------</td>
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<tr>
<td>Youth Sexual Behavior</td>
<td>Youth Advocacy Alliance*  &lt;br&gt; ProMedica Teen PEP</td>
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<tr>
<td>Youth Mental Health (Bullying)</td>
<td>Fostering for Healthy Communities*  &lt;br&gt; Cullen Center*  &lt;br&gt; NAMI  &lt;br&gt; ProMedica Teen PEP  &lt;br&gt; ProMedica Toledo Children Hospital  &lt;br&gt; BRAVE</td>
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<td>Youth Safety and Violence</td>
<td>Safe Kids Greater Toledo*  &lt;br&gt; ProMedica Teen PEP (dating/bullying)  &lt;br&gt; Toledo Police Department  &lt;br&gt; BRAVE</td>
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<td>Children’s Health Status</td>
<td>Toledo Lucas County Health Dept.  &lt;br&gt; ProMedica Toledo Children’s Hospital  &lt;br&gt; Mercy Children’s Hospital</td>
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<tr>
<td>Children’s Health Access</td>
<td>Toledo Lucas County Health Dept.  &lt;br&gt; Paramount Health Care*  &lt;br&gt; ProMedica Toledo Children’s Hospital Primary Care Clinic</td>
</tr>
<tr>
<td>Early (Ages 0-5) Childhood Health</td>
<td>Healthy Lucas County Early Childhood Task Force*  &lt;br&gt; Read for Literacy – Creating Young Readers*  &lt;br&gt; Help me Grow  &lt;br&gt; ProMedica Toledo Children’s Hospital</td>
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<tr>
<td>Middle (Ages 6-11) Childhood Health</td>
<td>Partners in Education*  &lt;br&gt; Live Well Toledo*  &lt;br&gt; Dental Center of Northwest Ohio*  &lt;br&gt; Toledo Lucas County Health Department  &lt;br&gt; ProMedica Toledo Children’s Hospital</td>
</tr>
<tr>
<td>Family Functioning/Neighborhoods</td>
<td>Live Well Toledo*  &lt;br&gt; Safe Kids Greater Toledo*</td>
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<tr>
<td>Parent Health</td>
<td>Live Well Toledo*  &lt;br&gt; ProMedica Toledo Children’s Hospital</td>
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</tbody>
</table>

An asterisk (*) above indicates ProMedica participation with organizations addressing these health issues, that may include financial support, although may not be specific to ProMedica Toledo Children’s Hospital. Note: other hospitals or organizations may also have programs to specifically address some of these health issues that may not be known at the time of this publication.
The Lucas County Health Community Health Improvement Planning Committee, using the Lucas County Health Needs Assessment, prioritized several health issues identified in the county health needs assessment, determining that if these issues are addressed by multiple agencies and organizations over the next three years, they could promote healthier lifestyles and safer neighborhoods for all ages, reduce chronic health diseases, and improve several socioeconomic determinants of health for Lucas County residents.

As previously stated, in some areas of identified need, ProMedica is already taking a system approach to addressing these community health needs, to most efficiently use resources and to prevent duplication of services, but in some areas of need ProMedica and ProMedica Toledo Children’s Hospital are not engaged in programs outside of related visits to our hospitals or physician offices. This ProMedica Toledo Children’s Hospital implementation plan was approved and adopted by the board of trustees on October 20, 2016.